

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on December 31, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT code 99281 rendered on 9/1/03 and HCPCS code J1885 rendered on 9/2/03.

II. RATIONALE

Review of the requestor's position statement, noted on the "Table of Disputed Services" states, "Sent claim 9/10/03 sent reconsideration w/med notes 10/28/03 Loraine w/Hartford said claim went to adj 11/1/03 & no respond Over 21 days."

The respondent did not submit a position statement.

Review of the carriers EOB denial dated October 14, 2003 states, "Charge for subsequent emergency room visit after the initial visit that does not meet the definition of emergency service and care."

The requestor did not submit relevant information to support that the emergency room visit meets the definition of emergency service and care after the initial visit charge. Therefore, the requestor is not entitled to reimbursement of the disputed charges.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 99281 and HCPCS code J1885.

The above Findings and Decision is hereby issued this 19th day of March 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo